How to Complete Your Washington Revocation of Health Care Directive

Revocation of Health Care Directive and Health Care Power of Attorney (Washington)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Use this form to cancel a Washington health care directive, a durable power of attorney for health care, or a mental health advance directive.

1. **Identify the documents (Page 1)**
   Check each document you are revoking and enter its date and agent names.
2. **Sign before a notary (Page 2)**
   Under Washington law, you may revoke a directive at any time, and the revocation is effective once your attending physician is told. A notarized revocation gives clear proof of the date and your identity. Bring a current, government-issued photo ID.
3. **Notify your doctors and agents (Page 2)**
   Give copies to your doctor, hospital, and each agent named, and record each notice.

After It's Signed

- Ask them to destroy or return their copies of the revoked documents.
- To give new instructions, sign a new Washington Health Care Directive or Durable Power of Attorney for Health Care. We have free forms.

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Washington-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

REVOCATION OF HEALTH CARE DIRECTIVE

(RCW 70.122.040 and RCW 11.125)

I,

Full legal name

Date of birth

Address

revoke the following document(s) that I previously signed (check each that applies):

Health Care Directive (living will)

Date signed

Agent(s) whose authority is revoked

Durable Power of Attorney for Health Care or **Mental Health Advance Directive**

Date signed

Other health care directive

Date signed

Description

I intend that the document(s) checked above have no further effect. I ask my physicians and health care providers to note this revocation in my medical records, and I direct any agent named in a revoked document to stop acting for me.

Declarant's initials: _____

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Date

X

Signature

Printed name

NOTARY ACKNOWLEDGMENT

STATE OF WASHINGTON)
COUNTY OF) ss.

This record was acknowledged before me on

(date) by (name of signer)

X

Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of Washington) My commission expires

RECORD OF NOTICE OF REVOCATION

A copy was delivered to the following physicians, providers, and agents:

Name	Method	Date delivered
Name	Method	Date delivered
Name	Method	Date delivered
Name	Method	Date delivered

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